Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in i	Date Stamp	C	ALIFORNIA 2001/02 FORM	
	Statement covers period from 09/23/2018	Date of election if applicable: (Month, Day, Year)		P	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/20/2018	11/06/2018			
1. Type of Recipient Committee: All Committee	ees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	ent:		
 ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5.) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	■ Ballot Measure Committee	■ Pre-election Stater □ Semi-annual State □ Termination Stater ■ Amendment (Expla	ment ment ain below)	Spec	rterly Statement cial Odd-Year Report blemental Preelection ement - Attach Form 495
3. Committee Information	I.D.NUMBER 1401304	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by Cal Association		NAME OF TREASURER Thomas W. Hiltachk			
STREET ADDRESS (NO P.O. BOX)	_	MAILING ADDRESS			
CITY STATE ZIP COD Sacramento CA 95814	AREA CODE/PHONE (916)442-7757	CITY Sacramento NAME OF ASSISTANT TREASUR	STATE CA	ZIP CODE 95814	AREA CODE/PHONE (916) 442-7757
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC	X	Ashlee N. Titus	KEK, IF ANT		
CITY STATE ZIP COD	E AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS (916) 442-7759 / fppc@bmhlaw.com		CITY Sacramento	STATE CA	ZIP CODE 95814	AREA CODE/PHONE (916) 442-7757
		OPTIONAL: FAX/E-MAIL ADDRE	SS		
4. Verification I have used all reasonable diligence in preparing and r is true and complete. I certify under penalty of perjury Executed on 11/30/2018 By Thomas W. Hiltacl DATE Executed on 11/30/2018 By Ann-Louise Kuhns SIGNATURE OF COLUMN BATE	under the laws of the State of Calif ak SIGNATURE OF TREASURER OR	ornia that the foregoing is true a	nd correct.	rein and in th	ne attached schedules
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER	R, CANDIDATE, STATE MEASURE PROPONEN	NT		
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER	R, CANDIDATE, STATE MEASURE PROPONEN	NT	FPPC Toll-F	FPPC Form 460 (June/01) ree Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA 4	-60
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Page 2 of _____

Officeholder or Candidate Controlled	Committee	6. Ballot Measure Co	ommittee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
		Proposition 4				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
		4	4 Statewide			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP	Identify the controlling off	iceholder, cand	idate, or state me	easure propo	onent, if any.
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or are prontributions or to make expenditures on behalf of your candidate.	rimarily formed to receive	OFFICE SOUGHT OR HELD		DI	STRICT NO. II	F ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is prima		E List names of o	officeholder(s)	or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT	FOR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
CITY STATE ZIP C	ODE AREA CODE/PHONE					OPPOSE
001111111111111111111111111111111111111		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	
COMMITTEE NAME	I.D.NUMBER					SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)						3332
CITY STATE ZIP C	ODE AREA CODE/PHONE	Attac	ch continuation	sheets if necess	ary	
STATE ZIPU	ODL AREA CODE/PHONE					

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from <u>09/23/2018</u> through $\frac{10/20/2018}{}$ of 62Page 3 I.D. NUMBER

1401304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3	\$500,000.00	\$11,404,300.00	General Liections			
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00	1/1 thi	ough 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$500,000.00	\$11,404,300.00	20. Contribution Received \$.00			
4. Nonmonetary Contributions Schedule C, Line 3	\$53,049.52	\$55,790.61	04 5			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$553,049.52	\$11,460,090.61	21. Expenditures Made \$.00	\$.00		
Expenditures Made			Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$610,656.09	\$11,280,786.87	Candidates			
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00		ve Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$610,656.09	\$11,280,786.87	(If Subject to V	oluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$34,921.21	\$35,655.11	Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3	\$53,049.52	\$55,790.61	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$698,626.82	\$11,372,232.59				
Current Cash Statement			Ī			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$325,274.22	To calculate Column B, add amounts in Column A to the				
13. Cash Receipts Column A, Line 3 above	\$500,000.00	corresponding amounts				
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$4,000.00	from Column B of your last report. Some amounts in				
15. Cash Payments Column A, Line 8 above	\$610,656.09	Column A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$218,618.13	figures that should be subtracted from previous				
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts				
Cash Equivalents and Outstanding Debts	40.00	from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. different from amounts re	Amounts in this section may be		
18. Cash Equivalents See instructions on reverse	\$0.00	-	dinerent nom amounts n	Sported in Column D.		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$35,655.11	-	FPPC Toll-F	FPPC Form 460 (June/01) Free Helpline: 866/ASK-FPPC		

Schedule A

Type or print in ink. Amounts may be rounded

	ILE A

Monetary	Contributions Received		nts may be rounded whole dollars.	from09/23/201			CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through	8	Page_	4 of _62	
NAME OF FILER						I.D. Nu		
Yes 4 Children's H	Hospitals, Yes on Proposition 4, sponsored by California Children's F	Hospital Association				140130	14	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/16/2018	Marc Benioff San Francisco, CA 94105 Committee ID: 1246274	IND COM OTH PTY SCC	Salesforce Chief Executive Officer	\$500,000.00	\$500,000.00			
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
			SUBTOTA	L \$500,000.00				
1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		······	5500,000.00	CO		dual pient Committee er than PTY or SCC)	
3. Total mone	ceived this period - unitemized contributions of lesetary contributions received this period. I and 2. Enter here and on the Summary Page,			5500,000.00	PT	Y - Politic		

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART [*]

Statement covers period

Loans Received		1	to whole dollars.			3	FORM 40U		
SEE INSTRUCTIONS ON REVERSE					through	018	Page <u>5</u>	of <u>62</u>	
NAME OF FILER				L			I.D. NUMBER		
Yes 4 Children's Hospitals, Yes on Proposition 4, spor	nsored by California Children's Hospi	ital Association					1401304		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
						% RATE		PER ELECTION**	
				FORGIVEN		RATE		PER ELECTION	
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
☐IND ☐COM☐OTH☐PTY☐SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS							
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)						Enter (e) on Schedule E, Line 3)		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		dule A.)				* 	Amounts forgi another party a reported on Scl	ven or paid by lso must be nedule A.	
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net	ative number) *	* If required.		
*Contributor Codes IND-Individual COM-Recipient Committee (c	other than PTY or SCC)	OTH-Other PTY	-Political Party	SCC-Small Cor	tributor Committee	FPPC 1	FPPC For Foll-Free Helpline	m 460 (June/01) : 866/ASK-FPPC	

Schedule B - Part 2 Loan Guarantors

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from <u>09/23/2018</u>	FORM 400
10.00.0010	

E INSTRUCTIONS ON REVERSE through 10/20/2018 F					Page <u>6</u>	of 62	
NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponso	ored by California Chilo	dren's Hospital Association				I.D. Numbe 1401304	r
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULA TO DA		BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER		CALENDAR 	YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELEC (IF REQUIF	TION RED)	
	☐ IND ☐ COM		LENDER		CALENDAR	YEAR	
□ OTH □ PTY □ SCC			DATE		PER ELEC (IF REQUIF	TION RED)	
			LENDER		CALENDAR	YEAR	
	☐ IND ☐ COM ☐ OTH						
	□ PTY □ SCC		DATE		PER ELEC (IF REQUIF	ED)	
			LENDER		CALENDAR	YEAR	
	OTH PTY SCC		DATE		PER ELEC (IF REQUIF	TION RED)	
					Future		
			SUB	TOTAL	Enter of Summary F Line 17	n 'age, only.	

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>09/23/2018</u>	FORM TOO
through <u>10/20/2018</u>	Page <u>7</u> of <u>62</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
V 4 Ch:111!- II:4-1- V D.

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$18.10	\$21,370.61	
9/24/2018	California Democratic Party Sacramento, CA 95811	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$3.79	\$21,370.61	
9/24/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		In-kind contribution for mail production and postage differential	\$294.11	\$21,370.61	
9/24/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$3.50	\$21,370.61	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$53,049.52		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.		*Contributor Codes
(Include all Schedule C subtotals.)	\$53,049.52	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)		PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM 400
through $\frac{10/20/2018}{}$	Page <u>8</u> of <u>62</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

through 10/20/2018

Page 8 of 62

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE T DATE CALENDAR YEA (JAN 1 - DEC 3	PER ELECTION TO DATE
9/24/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		In-kind contribution for graphics	\$15.44	\$21,370.61	
9/25/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$161.31	\$21,370.61	
9/25/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$13.21	\$21,370.61	
9/26/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$54.46	\$21,370.61	
Attach ad	ditional information on appropriately labeled	l continuation	sheets.	SUBTOTAL			

Schedule C Summary

Sonouals & Cummary	
1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period.	OTH - Other PTY - Political Party SCC - Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM TOO
through <u>10/20/2018</u>	Page 9 of 62
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$134.51	\$21,370.61	
9/26/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for dat	a\$11.31	\$21,370.61	
9/27/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$36.58	\$21,370.61	
9/27/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for dat	a\$10.30	\$21,370.61	
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBTOTAL	1		
			-				

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>09/23/2018</u>	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>10</u> of <u>62</u>

QEE	INICTDI	ICTIONS	ON	REVERSE
SEE	INDIK	SKIDI I JU	ON	KEVEKSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$13.68	\$21,370.61	
9/28/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential	\$388.67	\$21,370.61	
9/28/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential	\$421.29	\$21,370.61	
9/28/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for data	\$2.33	\$21,370.61	
			_				
Attach ad	ditional information on appropriately labele	ed continuation	sheets.	SUBTOTAL			

Schedule C Summary

·	
1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM 40U
through $\frac{10/20/2018}{}$	Page <u>11</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$12.45	\$21,370.61	
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$5.04	\$21,370.61	
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$202.02	\$21,370.61	
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$7.20	\$21,370.61	
Attach ad	ditional information on appropriately label	ed continuation	sheets.	SUBTOTAL			

Schedule C Summary

	outor Codes
(Include all Schedule C subtotals.)	
	Recipient Committee other than PTY or SCC) Other
3. Total nonmonetary contributions received this period.	Political Party Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>12</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number
1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$5.85	\$21,370.61		
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for data	\$9.58	\$21,370.61		
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential	\$174.25	\$21,370.61		
10/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$201.97	\$21,370.61		
Attach add	ditional information on appropriately labeled	d continuation	sheets.	SUBTOTAL				
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM 40U
through $\frac{10/20/2018}{}$	Page <u>13</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$78.98	\$21,370.61	
10/2/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$463.97	\$21,370.61	
10/2/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$10.93	\$21,370.61	
10/3/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$5,832.33	\$21,370.61	
Attach ad	Committee ID: 741666 ditional information on appropriately label		sheets.	SUBTOTAL			

Schedule C Summary

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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM 400
through $\frac{10/20/2018}{}$	Page <u>14</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals Yes on Proposition 4 sponsored by California Children's Hospital Association

CODE COMMITTEE, ASS OFFICE	DATE	FULL NAME, STREET ADDRESS AND	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	DESCRIPTION OF	AMOUNT/ FAIR MARKET	CUMULATIVE TO DATE	PER ELECTION TO DATE
Sacramento, CA 95811			CODE *	(IF SELF-EMPLOYED, ENTER	GOODS OR SERVICES			(IF REQUIRED)
California Democratic Party Sacramento, CA 95811 Committee ID: 741666 Committee ID: 74	0/3/2018	Sacramento, CA 95811	☐ COM ☐ OTH ■ PTY		mail production and postage	\$192.54	\$21,370.61	
California Democratic Party Sacramento, CA 95811 Committee ID: 741666 Committee ID: 741666 California Democratic Party Sacramento, CA 95811 Committee ID: 741666 In-kind contribution for data \$3.53 \$21,370.61 In-kind contribution for printing In-kind contribution for printing In-kind contribution for printing)/3/2018	California Democratic Party Sacramento, CA 95811	☐ COM ☐ OTH ■ PTY			\$7.20	\$21,370.61	
Sacramento, CA 95811 Sacramento, CA 95811 COM OTH PTY PSCC)/3/2018	California Democratic Party Sacramento, CA 95811	☐ COM ☐ OTH ■ PTY		In-kind contribution for data	\$3.53	\$21,370.61	
Commune ID. 741000	0/3/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ COM ☐ OTH ■ PTY			\$97.98	\$21,370.61	
Attach additional information on appropriately labeled continuation sheets.	Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTOTAL			
	. Amount	received this period - nonmonetary contrib	utions of \$100	or more.			*Contributor C	odes
Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	(Include	all Schedule C subtotals.)					IND - Individu	ıal

COM- Recipient Committee 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 (other than PTY or SCC) OTH - Other 3. Total nonmonetary contributions received this period. PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>09/23/2018</u>	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>15</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)							
10/3/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		In-kind contribution for mail production and postage differential	\$62.91	\$21,370.61								
10/3/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for data	\$30.75	\$21,370.61								
10/3/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for postage differential	\$427.70	\$21,370.61								
10/3/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production	\$264.90	\$21,370.61								
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTOTAL										

Schedule	C S	ummary
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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM 40U
through <u>10/20/2018</u>	Page <u>16</u> of <u>62</u>
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NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE DATE CALENDAR Y (JAN 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
10/4/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for postage differential	\$63.91	\$21,370.61		
10/4/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production	\$23.25	\$21,370.61		
10/4/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	a\$11.91	\$21,370.61		
10/4/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$361.67	\$21,370.61		
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL				

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	 COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>17</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Yes 4 Children	Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association					1.D. Nurr 1401304	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		In-kind contribution for graphics	\$21.60	\$21,370.61	
10/4/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$116.83	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing and shipping	\$227.87	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for graphics	\$6.17	\$21,370.61	
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTOTAL			
Schedule 1. Amount	e C Summary received this period - nonmonetary contrib all Schedule C subtotals.)	utions of \$100	or more.			*Contributor (ual
2. Amount	received this period - unitemized nonmone	tary contribution	ons of less than \$100				ent Committee than PTY or SCC)
	nmonetary contributions received this perions 1 and 2. Enter here and on the Summa		nn A, Lines 4 and 10.)	TOTAL		PTY - Politica	al Party Contributor Committee

Schedule C

Type or print in ink.

Amounts may be rounded

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from 09/23/2018	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>18</u> of <u>62</u>
	LD Number

Nonmonetary Contributions Received				le dollars.	from	09/23/2018	eriod	CALIFO FOR	ORNIA 460
SEE INSTRUC	TIONS ON REVERSE				throu	ıgh <u>10/20/2018</u>		Page <u>18</u>	of 62
NAME OF FILE Yes 4 Children'	R 's Hospitals, Yes on Proposition 4, sponsored by California	Children's Hospital	l Association					I.D. Numb 1401304	er
DATE	FULL NAME, STREET ADDRESS AND	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	DESCRIPTION (OF	AMOUNT/	CUMULA ^T DA ^T		PER ELECTION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEA (JAN 1 - DEC 31	PER ELECTION TO DATE
10/5/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential	\$104.82	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$25.00	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$3.23	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$42.88	\$21,370.61	
Attach additional information on appropriately labeled continuation sheets.							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C			
Statement covers period	CALIFORNIA 160			
from <u>09/23/2018</u>	FORM TOO			
through <u>10/20/2018</u>	Page <u>19</u> of <u>62</u>			
	I.D. Number			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

through 10/20/2018

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I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for postage differential	\$68.68	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$1.98	\$21,370.61	
10/5/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics/printing	\$748.45	\$21,370.61	
10/8/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$7.20	\$21,370.61	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	<u>·</u>		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>20</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association 1401304 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE CODE * GOODS OR SERVICES CALENDAR YEAR ZIP CODE OF CONTRIBUTOR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (JAN 1 - DEC 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) 10/8/2018 California Democratic Party In-kind contribution for \$192.54 \$21,370.61 Sacramento, CA 95811 mail production and postage СОМ differential PTY □ scc Committee ID: 741666 \$21,370.61 California Democratic Party In-kind contribution for data \$2.84 10/8/2018 Sacramento, CA 95811 □сом □отн PTY \square scc Committee ID: 741666 In-kind contribution for California Democratic Party \$113.48 \$21,370.61 10/8/2018 Sacramento, CA 95811 printing □ сом □отн PTY \square scc Committee ID: 741666 \$26.25 \$21,370.61 California Democratic Party In-kind contribution for 10/8/2018 ☐ IND ☐ COM Sacramento, CA 95811 graphics □отн PTY □ scc Committee ID: 741666 Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** Schedule C Summary

	outor Codes
(Include all Schedule C subtotals.)	
	Recipient Committee other than PTY or SCC) Other
3. Total nonmonetary contributions received this period.	Political Party Small Contributor Committee

Schedule C

Type or print in ink.
Amounts may be rounded

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM TOO
through $\frac{10/20/2018}{}$	Page <u>21</u> of <u>62</u>
	I.D. Number

Nonmonetary Contributions Received			to who	ole dollars.	from 09/23/2018			FORM 460		
SEE INSTRUCT	TIONS ON REVERSE				throu	ıgh <u>10/20/2018</u>		Page <u>21</u>	of 62	
NAME OF FILER Yes 4 Children's	R s Hospitals, Yes on Proposition 4, sponsored by California	a Children's Hospita	1 Association					I.D. Numb 1401304	er	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	DESCRIPTION C GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA	ΓΕ AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential		\$21,370.61	
10/8/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for data	\$23.28	\$21,370.61	
10/8/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		In-kind contribution for mail production	\$112.15	\$21,370.61	
10/8/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for postage differential	\$117.26	\$21,370.61	
Attach additional information on appropriately labeled continuation sheets.							

Schedule C Summary

Concadio C Cammary	
1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
	OTH - Other PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM 400
through <u>10/20/2018</u>	Page <u>22</u> of <u>62</u>
	15 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$87.33	\$21,370.61	
10/9/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential	\$373.17	\$21,370.61	
10/9/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for graphics	\$4.00	\$21,370.61	
10/9/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for data	a\$7.04	\$21,370.61	
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL							

Schedule C Summary

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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from 09/23/2018	FORM 40U
through <u>10/20/2018</u>	Page <u>23</u> of <u>62</u>

SEE INSTRUCTIONS ON REVERSE	
OLE INCTROCTIONS ON REVERSE	

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		In-kind contribution for printing	\$88.03	\$21,370.61	
10/10/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$22.80	\$21,370.61	
10/10/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$244.12	\$21,370.61	
10/10/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	a\$13.08	\$21,370.61	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM TOO
through <u>10/20/2018</u>	Page <u>24</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production	\$142.52	\$21,370.61		
10/10/2018	Committee ID: 741666 California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for postage differential	\$163.32	\$21,370.61		
10/10/2018	California Democratic Party Sacramento, CA 95811	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$12.75	\$21,370.61		
10/11/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$82.40	\$21,370.61		
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL								

Schedule C Summary

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from 09/23/2018	FORM 400
through $\frac{10/20/2018}{}$	Page <u>25</u> of <u>62</u>
	LD Number

					trom	09/23/2016			CIV.
SEE INSTRUC	CTIONS ON REVERSE				throu	ugh 10/20/2018		Page <u>25</u>	of 62
NAME OF FILE		Children's Hospita	1 Association	'				I.D. Number 1401304	er
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution mail production and differential		\$69.04	\$21,370.61		
10/11/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution	for data	\$17.02	\$21,370.61		
10/11/2018	Committee ID: 741666 California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution graphics	for	\$24.02	\$21,370.61		
10/11/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution mail production	for	\$24.44	\$21,370.61		
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBTO	OTAL				
1. Amount	e C Summary received this period - nonmonetary contribu						*C	ontributor Co	odes
(Include all Schedule C subtotals.)							nt Committee an PTY or SCC) Party		

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM TOO
through <u>10/20/2018</u>	Page <u>26</u> of <u>62</u>
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	 from <u>09/23/2018</u>		FORM	400
SEE INSTRUCTIONS ON REVERSE	through <u>10/20/2018</u>		Page <u>26</u>	of <u>62</u>
NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			I.D. Number 1401304	
		CLIMALII AT	1) /E TO	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for postage differential	\$30.26	\$21,370.61	
10/12/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$53.30	\$21,370.61	
10/12/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production and postage differential	\$371.63	\$21,370.61	
10/12/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$23.65	\$21,370.61	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	— IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
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through $\frac{10/20/2018}{}$	Page <u>27</u> of <u>62</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE through

NAME OF FILER
Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

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1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for graphics	\$14.55	\$21,370.61	
10/12/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production	\$45.36	\$21,370.61	
10/12/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for postage differential	\$32.66	\$21,370.61	
10/13/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing and shipping	\$210.63	\$21,370.61	
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM TOO
through <u>10/20/2018</u>	Page <u>28</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

Commit Californ	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) nia Democratic Party ento, CA 95811 ttee ID: 741666	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	GOODS OR SERVICES In-kind contribution for	\$356.42	CALENDAR YEAR (JAN 1 - DEC 31)	(IF REQUIRED)
Commit Californ	ento, CA 95811	Сом			\$356.42	004.000.64	
10/15/2018 Californ		■ PTY □ SCC		staff services	φ550.42	\$21,370.61	
	nia Democratic Party ento, CA 95811 ttee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$80.51	\$21,370.61	
Sacrame	nia Democratic Party ento, CA 95811 ttee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$856.06	\$21,370.61	
Sacrame Sacrame	nia Democratic Party ento, CA 95811 ttee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for graphics	\$1.08	\$21,370.61	
	I information on appropriately labele	d continuation	sheets.	SUBTOTAL			

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM TOO
through <u>10/20/2018</u>	Page <u>29</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Number
1401304
1101501

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE DATE CALENDAR Y (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/15/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postage differential	\$420.63	\$21,370.61		
10/15/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$30.00	\$21,370.61		
10/15/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for data	\$23.48	\$21,370.61		
10/15/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$72.84	\$21,370.61		
Attach ad	ditional information on appropriately labeled	l continuation	sheets.	SUBTOTAL				
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Schedule C Summary

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM TOO
through <u>10/20/2018</u>	Page <u>30</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D.	Number
140	1304

TOTATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PF CODE) FOR COMMITTE, ALSO ENTER LD, NUMBER) FOR IND CODE CODE FOR IND CALLBOARD FOR IND CALBRED FOR IND FOR IND CALBRED FOR IND FOR IND CALBRED FOR IND								
Sacramento, CA 95811		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER		FAIR MARKET	DATE CALENDAR YEAR	TO DATE
10/16/2018 California Democratic Party Sacramento, CA 95811	10/16/2018	Sacramento, CA 95811	☐ COM ☐ OTH ■ PTY			\$232.57	\$21,370.61	
Sacramento, CA 95811 Committee ID: 741666 Committee ID: 741666 IND Committee ID: 741666 In-kind contribution for postage differential Socramento, CA 95811 Committee ID: 741666 Committee ID: 741666 Committee ID: 741666	10/16/2018	California Democratic Party Sacramento, CA 95811	☐ COM ☐ OTH ■ PTY		In-kind contribution for data	a\$15.68	\$21,370.61	
Sacramento, CA 95811 Committee ID: 741666 Sacramento, CA 95811 COM OTH PTY SCC postage differential	10/16/2018	California Democratic Party Sacramento, CA 95811	☐ COM ☐ OTH ■ PTY			\$41.94	\$21,370.61	
Attach additional information on appropriately labeled continuation sheets.	10/16/2018	Sacramento, CA 95811	COM OTH PTY			\$70.32	\$21,370.61	
	Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL						

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SSS - Small Sommidtor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
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	I.D. Number

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D.	Number
140	1304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2018	Valley Solutions: Assemblymember Adam Gray's Ballot Measure Committee Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		In-kind contribution for LIT	\$34,420.00	\$34,420.00	
10/17/2018	California Democratic Party Sacramento, CA 95811	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for printing	\$87.26	\$21,370.61	
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$18.15	\$21,370.61	
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$44.40	\$21,370.61	
Attach add	Attach additional information on appropriately labeled continuation sheets.						

Schedule C Summary

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>09/23/2018</u>	FORM TOO
through $\underline{10/20/2018}$	Page <u>32</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIV DATE CALENDAR (JAN 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		In-kind contribution for mail production and postage differential	\$104.65	\$21,370.61		
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$3.28	\$21,370.61		
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for graphics	\$12.10	\$21,370.61		
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for mail production	\$62.15	\$21,370.61		
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL				

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM 400
through <u>10/20/2018</u>	Page <u>33</u> of <u>62</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for postage differential	\$97.24	\$21,370.61	
10/18/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for printing	\$35.80	\$21,370.61	
10/18/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for graphics	\$6.30	\$21,370.61	
10/18/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC		In-kind contribution for mail production and postag differential	\$705.17 e	\$21,370.61	
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>09/23/2018</u>	FORM 400
through <u>10/20/2018</u>	Page <u>34</u> of <u>62</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

through 10/20/2018
Page 34 of 62
I.D. Number 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$18.26	\$21,370.61	
10/18/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$7.81	\$21,370.61	
10/18/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	□ IND □ COM □ OTH ■ PTY □ SCC		In-kind contribution for data	\$7.66	\$21,370.61	
10/19/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON296 Committee ID: 741666	IND COM OTH PTY SCC		In-kind contribution for printing	\$152.47	\$21,370.61	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from 09/23/2018	FORM TOO
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	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. Numbe 1401304

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAI (JAN 1 - E	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON297	IND COM OTH PTY		In-kind contribution for mail production and postage differential	\$246.91	\$21,370.61		
10/19/2018	Committee ID: 741666 California Democratic Party Sacramento, CA 95811 Memo Reference: NON298	SCC IND COM OTH PTY		In-kind contribution for graphics	\$34.30	\$21,370.61		
10/19/2018	Committee ID: 741666 California Democratic Party Sacramento, CA 95811 Memo Reference: NON299	SCC IND COM		In-kind contribution for mail production	\$141.49	\$21,370.61		
10/19/2018	Committee ID: 741666 California Democratic Party Sacramento, CA 95811 Memo Reference: NON300	PTY SCC		In-kind contribution for postage differential	\$190.17	\$21,370.61		
Attach ad	Committee ID: 741666 ditional information on appropriately labeled	OTH PTY SCC	sheets.	SUBTOTAL	\$53,049.52			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other

Type or print in ink. Amounts may be rounded

	SCHEDULE D
Statement covers period	CALIFORNIA 460
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through $\frac{10/20/2018}{}$	Page <u>36</u> of <u>62</u>
	LD NUMBER

Candidates, Measures and Committees	to whole dollars.	from	FURIVI	
SEE INSTRUCTIONS ON REVERSE		through 10/20/2018	Page <u>36</u>	_ of <u>62</u>
NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospitals	spital Association		I.D. NUMBER 1401304	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
SUBTOTAL						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	
2. Unitemized contributions and independent expenditures made this period of under \$100	

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL _____

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM 400
through <u>10/20/2018</u>	Page <u>37</u> of <u>62</u>
	I.D. NUMBER 1401304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Children's Hospital Association Sacramento, CA 95814		OFC, TRS	\$733.90
JRM Sacramento, CA 95814	RAD		\$21,250.00
Educate Your Vote Encino, CA 91436	LIT		\$14,250.00
Committee ID: 1345655			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$610,656.09
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4 Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page. Column A. Line 6.) TOTAL	\$610,656.09

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)		
Statement covers period	CALIFORNIA 460		
from09/23/2018	FORM 400		
through <u>10/20/2018</u>	Page <u>38</u> of <u>62</u>		
	I.D. NUMBER 1401304		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALSAL Voter Guide Torrance, CA 90505	LIT		\$20,000.00
Committee ID: 1368249			
Ross Communications & Management, Inc. Sacramento, CA 95811	CNS		\$5,000.00
David Binder Research, Inc. San Francisco, CA 94102	POL		\$20,000.00
JRM Sacramento, CA 95814	RAD		\$10,250.00
California Children's Hospital Association Sacramento, CA 95814	SAL		\$6,116.67

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)	
Statement covers period	CALIFORNIA 160	
from09/23/2018	FORM 400	
through <u>10/20/2018</u>	Page <u>39</u> of <u>62</u>	
	I.D. NUMBER 1401304	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRIPTION O	PAYMENT	AMOUNT PAID
CTB CVC FIL FND IND LEG LIT	civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	PET PHO POL POS	office expen petition circu phone banks polling and s postage, del professional print ads	llating s survey rese ivery and n	nesser	•	TEL TRC TRS TSF VOT	campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meateransfer between committees of the voter registration information technology costs (internal	als same candidate/sponsor
CMF CNS	1 0 1 1		member cor					radio airtime and production costs returned contributions	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO		\$4,055.52
Mercury Public Affairs New York, NY 10065	CNS	•	\$9,000.00
Milner Butcher Media Group LLC Los Angeles, CA 90064	TEL		\$500,000.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$610,656.09

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period		CALIFORN	1A 160
rom	09/23/2018	FORM	400
hrough	10/20/2018	Dags 40	~ 6?

SEE INSTRUCTIONS ON REV	/FRSF

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. NUMBER 1401304

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		vise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponso VOT voter registration WEB information technology costs (internet, email)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT CODE OR DESCRIPTION OF PAYMENT BALANCE BEGINNING OF THIS PERIOD		(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
California Children's Hospital Association Sacramento, CA 95814	OFC, TRS	\$733.90	\$0.00	\$733.90	\$0.00	
California Children's Hospital Association Sacramento, CA 95814	OFC, TRS	\$0.00	\$1,596.33	\$0.00	\$1,596.33	
Think, Inc. El Dorado Hills, CA 95762	LIT, POS	\$0.00	\$699.71	\$0.00	\$699.71	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	e SUBTOTALS					
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses.)			ING	CURRED TOTALS	\$35,655.11	
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS	\$733.90	
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and			NET	\$34,921.21	

May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

 $\begin{array}{c|c} \textbf{Statement covers period} \\ \textbf{from} & 09/23/2018 \\ \\ \textbf{through} & \frac{10/20/2018}{} \\ \end{array} \quad \begin{array}{c|c} \textbf{CALIFORNIA FORM} & \textbf{4.60} \\ \\ \textbf{Page} & \underline{41} & \textbf{of} & \underline{62} \\ \\ \textbf{I.D. NUMBER} \\ \end{array}$

1401304

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FIL candidate filing/ballot fees FHO phone banks FRC candidate travel, lodging, and meals
FND fundraising events FND polling and survey research TRS staff/spouse travel, lodging, and meals
FND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.						
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Think, Inc. El Dorado Hills, CA 95762	СМР	\$0.00	\$9,859.07	\$0.00	\$9,859.07	
Ross Communications & Management, Inc. Sacramento, CA 95811	WEB	\$0.00	\$6,000.00	\$0.00	\$6,000.00	
Our California Latino Voters Guide Los Angeles, CA 90041	LIT	\$0.00	\$17,500.00	\$0.00	\$17,500.00	
Committee ID: 596004						
	SUBTOTALS	\$733.90	\$35,655.11	\$733.90	\$35,655.11	

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from09/23/2018	FORM 40U
through _10/20/2018	Page <u>42</u> of <u>62</u>
	I.D. NUMBER 1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

California Children's Hospital Association

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
* Payments that are contributions or independent expenditures must also be sur	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Sacramento, CA 95814	OFC			\$303.96
W Hollywood Hotel Hollywood, CA 90028	TRS			\$581.08
Southwest Airlines Dallas, TX 75235	TRS			\$568.96

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$1454.00

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA ACO
from09/23/2018	FORM 460
through	Page <u>43</u> of <u>62</u>
	LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. NUMBER 1401304 SCHEDULE G

NAME OF AGENT OR INDEPENDENT CONTRACTOR

JRM

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.				
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries		
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration		
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)		
* Boumants that are contributions or independent expanditures must also be summarized on Schodulo D				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Sacramento Bee Sacramento, CA 95816	RAD			\$20,500.00
NK Media Sacramento, CA 95818	RAD			\$750.00
The Sacramento Bee Sacramento, CA 95816	RAD			\$10,250.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$31500.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

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		SCHEDULE G
Sta	tement covers period	CALIFORNIA A CO
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

.D. NUMBER 1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payn	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KBAK TV Bakersfield, CA 93301	TEL		\$27,991.35
KBCW TV San Francisco, CA 94111	TEL		\$10,115.00
KBFX TV Bakersfield, CA 93301	TEL		\$13,670.55
KCAL TV Stuido City, CA 91604	TEL		\$139,910.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$191686.90

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
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	I.D. NUMBER 1401304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payn	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCBS TV Stuido City, CA 91604	TEL			\$324,870.00
KCRA TV Sacramento, CA 95814	TEL			\$247,095.00
KDFX TV Thousand Palms, CA 92276	TEL			\$3,026.00
KDOC TV Santa Ana, CA 92701	TEL			\$17,000.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$591991.00

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE G
Sta	tement covers period	CALIFORNIA A CO
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

.D. NUMBER 1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

COL	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	
* Payr	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KERO TV Bakersfield, CA 93301	TEL		\$12,351.35
KESQ TV Thousand Palms, CA 92276	TEL		\$84,711.00
KFMB TV San Diego, CA 92111	TEL		\$139,424.50
KFRE TV Fresno, CA 93727	TEL		\$3,306.60

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$239793.45

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Amounts may be rounded to whole dollars.

	SCHEDULE G		
Statement covers period	CALIFORNIA A CO		
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	I.D. NUMBER 1401304		

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME OF AGENT OR INDEPENDENT CONTRACTOR Milner Butcher Media Group LLC

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NAME OF FILER

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CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs		
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals		
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals		
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor		
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFSN TV Fresno, CA 93706	TEL			\$80,027.50
KGET TV Bakersfield, CA 93001	TEL			\$40,725.20
KGO TV San Francisco, CA 94111	TEL			\$150,025.00
KGPE TV Fresno, CA 93727	TEL			\$34,144.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$304922.20

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Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from09/23/2018	FORM 40U
through _10/20/2018	Page <u>48</u> of <u>62</u>
	I.D. NUMBER 1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D					

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KGTV TV San Diego, CA 92102	TEL			\$74,698.00
KABC TV Los Anegles, CA 90064	TEL			\$517,990.00
Frontier Communications Los Angeles, CA 90025	TEL			\$7,480.00
Fresno Interconnect Los Angeles, CA 90025	TEL			\$62,331.35

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$662499.35

Type or print in ink. Amounts may be rounded to whole dollars.

	OOHEDOLE
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SCHEDULE G

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings WEB information technology costs (internet, email) PRT print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dish Los Angeles, CA 90025	TEL		\$7,871.00
DirecTV Los Angeles, CA 90025	TEL		\$19,296.70
Bakersfield Interconnect DirectTV Los Angeles, CA 90025	TEL		\$35,424.60
KICU TV Oakland, CA 94607	TEL		\$9,286.25

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$71878.55

Type or print in ink. Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

COD	DES: If one of the following codes accurately describes	he pa	yment, you may enter the code. Otherwis	se, describ	e the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payn	nents that are contributions or independent expenditures must also be sun	marized	on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Via Media TEL \$14,843.50 Los Angeles, CA 90025 TEL Spectrum \$61,081.00 Los Angeles, CA 90025 TEL \$81,974.00 San Diego Interconnect Los Angeles, CA 90025

TEL

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$184121.00

\$26,222.50

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

KMAX TV

West Sacramento, CA 95605

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION	N OF PAYMENT	AMOUNT PAID
KMIR TV Palm Desert, CA 92260	TEL			\$31,471.25
KMPH TV Fresno, CA 93727	TEL			\$35,676.20
KNBC TV Universal City, CA 91608	TEL			\$242,845.00
KNSD TV San Diego, CA 92123	TEL			\$96,623.75

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$406616.20

Type or print in ink. Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
KNTV TV San Jose, CA 95131	TEL		\$77,371.25
KOVR TV West Sacramento, CA 95605	TEL		\$207,153.50
KPIX TV San Francisco, CA 94111	TEL		\$217,217.50
KPSP TV Palm Desert, CA 92260	TEL		\$32,640.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$534382.25

Type or print in ink. Amounts may be rounded to whole dollars.

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NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D						

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
KQCA TV Sacramento, CA 95814	TEL		\$58,352.50
KRON TV San Francisco, CA 94111	TEL		\$74,077.50
KSBW TV Salinas, CA 93901	TEL		\$33,992.35
KSEE TV Fresno, CA 93727	TEL		\$26,630.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$193052.85

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

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NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

.D. NUMBER 1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
KSWB TV San Diego, CA 92111	TEL			\$22,610.00
KTLA TV Los Angeles, CA 90028	TEL			\$366,197.00
KTTV TV Log Angeles, CA 90025	TEL			\$71,527.50
KTVU TV Oakland, CA 94607	TEL			\$236,767.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$697102.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA ACO			
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NAME OF AGENT OR INDEPENDENT CONTRACTOR Milner Butcher Media Group LLC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
KTXL TV Sacramento, CA 95820	TEL		\$64,600.00
KUSI TV San Diego, CA 92123	TEL		\$104,771.00
KXTV TV Sacramento, CA 95818	TEL		\$95,115.00
Los Angeles Interconnect Los Angeles, CA 90025	TEL		\$255,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$519486.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
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NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1.D. NUMBE 1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group LLC

COL	DES: If one of the following codes accurately describes	he pa	ment, you may enter the code. Otherwis	se, describ	e the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER LD. NUMBER)

TEL

S2,337.50

Sacramento Interconnect
Los Angeles, CA 90025

TEL

TEL

S94,554.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$96891.50

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

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NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ross Communications & Management, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Sacramento Bee Sacramento, CA 95816	WEB			\$6,000.00
ach additional information on appropriately labeled continuation sheets.			T	OTAL* \$6000.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)

Type or print in ink. Amounts may be rounded to whole dollars.

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NAME OF FILER

Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

1401304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Sacramento Bee

COL	DES: If one of the following codes accurately describes	he pa	yment, you may enter the code. Otherwi	se, describ	e the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payr	nents that are contributions or independent expenditures must also be sun	marized	on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KLCA AM Burbank, CA 91505	RAD			\$10,250.00
KLCA AM Burbank, CA 91505	RAD			\$20,500.00
Facebook, Inc. Menlo Park, CA 94025	WEB			\$6,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$36750.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded

	SCHEDULE H
Statement covers period	CALIFORNIA 460
	E00W 40U

_oans Made to Others*			to whole dollars.		from09/23/2018		FORM 460	
EE INSTRUCTIONS ON REVERSE					through <u>10/20/20</u>)18	Page <u>59</u>	_ of 62
IAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, spor	nsored by California Children's Hosp	ital Association					I.D. NUMBER 1401304	
ULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	-
Loans that are contributions to another candidate nust also be summarized on Schedule D. Loans lso be reported on Schedule E.		SUBTOTALS						
			I		-	(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
. Loans made this period Total Column (b) plus unitemized loans	less than \$100.)							** If Required
Payments received on loans Total Column (c) plus unitemized paym	nents less than \$100.)							
B. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 7.))			NET (May be a ne	gative number)		

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNIA 460
from	09/23/2018	FORM 40U

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NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association		I.D. NUMBER 1401304

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/1/2018	Election Digest Torrance, CA 90505	Refund	\$4,000.00
	Filer ID: 1345303		

Attach additional information on appropriately labeled continuation sheets.

Schedule	I Summary
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2. Unitemized increases to cash under \$100 this period. \$0.00

3. Total of all interest received this period on loans made to others. (Schedule H. Column (e).) \$0.00

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SUBTOTAL \$4,000.00

Marra Dafarrara NON200
Memo Reference: NON296 In-kind contribution for printing
Memo Reference: NON297 In-kind contribution for mail production and postage differential
m-kind contribution for man production and postage differential
Memo Reference: NON298 In-kind contribution for graphics
In-kind contribution for graphics
Memo Reference: NON299 In-kind contribution for mail production
In-kind contribution for mail production

Memo Reference: NON300 In-kind contribution for postage differential
In-kind contribution for postage differential